REQUEST FOR ALTERNATIVE COMMUNICATIONS

You have the right to request Stark Medical Specialties communicate with you about your protected health information by alternative means or at alternative locations. The request must be made in writing by completing this form.

Stark Medical Specialties must comply with your request if it is administratively reasonable for Stark Medical Specialties to communicate with you in the manner you requested. Stark Medical Specialties will notify you in writing within thirty (30) days of receiving your request whether it will abide by your request. Stark Medical Specialties may condition your request by requiring information as to how payment will be handled and specification of an alternative address or manner contact.

If you have any questions regarding your rights or how to complete this form, please contact the Privacy Officer at (330) 837-1111.

Client Name: _____ SSN: _____-_____-_____ DOB: _____

Address:_____

Telephone number (s): Home:_____ Cell: _____ Work:_____

Please specify the manner in which you request Stark Medical Specialties to communicate with you regarding your protected health information:

_____ Phone Message ____ Fax#:_____ _____ Answering Machine

_____ Relative: _____ Telephone #: _____
Name

_____ Other: _____ Telephone #: _____
Name

_____ _____
Client/Representative Signature Date

_____
Representative's Relationship to Client

Please return this form by hand-delivering it to the Privacy Receptionist, or mailing it to the following address:

Stark Medical Specialties, Inc.
C/o Privacy Receptionist
323 Marion Avenue N.W.
Massillon, OH 44646

Stark Medical Specialties, Inc.
C/o Privacy Receptionist
821 Anola Avenue, Suite C
Dover, OH 44622

Stark Medical Specialties, Inc.
C/o Privacy Receptionist
830 South Main Street
Orrville, OH 44667

SMSALTERNATIVECOMMUNICATIONFORM